

MEDIATION INITIATION FORM

Case: _____

C/A No.: _____

Please check the applicable box to indicate the status of the above referenced case:

- ☐ case settled prior to or without mediation
- ☐ case dismissed by court or pending ruling on summary judgment motion
- ☐ case to proceed to trial
- ☐ case continued to next term

OR

- ☐ case will be or has been mediated (*complete the following information*):

Mediator Name: _____ Mediator Phone No. _____

Date Mediation Scheduled to Occur *or* Date Mediation Completed: _____

Submitted by: _____ Signature: _____
(Printed name of counsel)

For which party?: _____ Date: _____
(Name of party counsel represents)

Please fax completed form to Danny Mullis, ADR Program Director @ 843-579-1434 or mail to P.O. Box 835, Charleston, SC 29402.